



Atty. Dkt. No. 077319-2225

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ralph M. ELLISON et al.
Title: COMPOSITIONS AND METHODS
FOR THE TREATMENT OF
PRIMARY AND METASTATIC
NEOPLASTIC DISEASES USING
ARSENIC COMPOUNDS

Appl. No.: 09/173,531
Filing Date: October 15, 1998
Examiner: J. Pak
Art Unit: 1616

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	51	32	19	x \$18.00	= \$342.00
Independents:	5	7	0	x \$80.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00	= \$270.00
CLAIMS FEE TOTAL:					= \$612.00

- [X] Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$390.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$390.00
CLAIMS AND EXTENSION FEE TOTAL:			\$1002.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$501.00
TOTAL FEE:			\$501.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$501.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$501.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 21 August 2001

By S. A. Bent

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